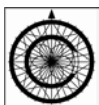


PHILIPPINE TIPS
FIRST ANNUAL REPORT
(October 2002 to September 2003)
AND
FOURTH QUARTERLY REPORT
(July to September 2003)



Submitted to:
USAID/Manila



By:
Chemonics International Inc.
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Acronyms

APMC	Association of Philippine Medical Colleges
ASI	American Standard Incorporated
BFAD	Bureau of Food and Drugs
BOA	Basic Ordering Agreement
BoD	Burden of Disease
CADPI	Central Azucarera Don Pedro, Inc.
CICAT	Citizens Iloilo Coalition Against Tuberculosis
CMOP	Certification Management and Operation Plan
COP	Chief of Party
CSR	Corporate Social Responsibility
CTO	Cognizant Technical Officer
CUP	Comprehensive Unified Policy
DOH	Department of Health
DOTS	Directly Observed Treatment, Short Course
ECC	Employees Compensation Commission
GDF	Global Development Fund
GSIS	Government Service Insurance System
HMO	Health Maintenance Organization
IEC	Information Education Commission
KAP	Knowledge Attitude Practice
MOA	Memorandum of Agreement
MTBEA	Master TB Educator Awards
NGO	Non-Government Organization
NTP	National Tuberculosis Program
NTPA	National Tuberculosis Policy Assessment
OD	Organizational Development
OR	Operations Research
PAFP	Philippine Academy of Family Physicians
PBSP	Philippine Business for Social Progress
PCCP	Philippine College of Chest Physicians
PCOM	Philippine College of Occupational Medicine
PCP	Philippine Chest Physicians
PCP	Philippine College of Physicians
PhilCAT	Philippine Coalition Against Tuberculosis
PPS	Philippine Pediatric Society

**Philippine TIPS First Annual (October 2002 – September 2003) and
Fourth Quarterly Report (July to September 2003)**

PSMID	Philippine Society for Microbiology and Infectious Diseases
RFA	Rapid Field Appraisal
RFP	Request for Proposal
RHU	Rural Health Unit
SA	Situation Analysis
SSS	Social Security System
TA	Technical Assistance
TB	Tuberculosis
TIPS	Tuberculosis Initiatives for the Private Sector
TMPC	Toyota Motor Philippines Corporation
TOT	Training-of-trainers
Unilab	United Laboratories
USAID	United States Agency for International Development
UST	University of Santo Tomas

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Executive Summary

Philippine TIPS had a quick start-up such that in just over 90 days (by December 31, 2002), the team was almost complete and in place in the project office, and the project management and technical units were in place.

The first quarter of the project produced the first annual work plan and budget for TIPS. Towards the end of that first quarter, the Burden of Disease Study was nearly complete, the Operations Research Working Group was being formed and the Basic Ordering Agreement was also under preparation.

In the second quarter of the TIPS project, validation of some of the assumptions used in the work plan and a deepening of the situation review for the tasks became the focus. The findings were used in the semestral review that took place in the latter part of this quarter.

The major technical accomplishments by the first half of the TIPS project included the Burden of Disease study and its presentation in various fora, including the TB Policy Group in cooperation with PhilCAT, which now acts as the forum for policy discussions; an effective means of organizing policy stakeholders in lieu of immediately forming a TB Policy Commission.

During the first half of the project year, work commenced on the Policy Analysis of private sector participation in TB DOTS. Further, the OR agenda was concurred with by the OR Working Group and the PhilCAT Strategic Planning was conducted. It was also agreed that the school-based DOTS model would no longer be pursued and that the project would report on success rates in TB control in monitoring its performance.

The third quarter of the project saw the completion of a major policy study, the National TB Policy Assessment, and the completion of studies in the workforce and pharmacy initiatives.

Key project outputs in training and certification were also released in this period, including the DOTS Syllabus for Philippine Medical Schools and the first DOTS certification guidelines issued by PhilCAT with project support, resulting in the first ten DOTS centers being certified, five of which are privately operated. Memoranda of agreement were also prepared for the five DOTS models that were being considered for replication.

As the project completed its first year at the end of September 2003, the project conducted two more policy workshops which resulted in consensus on the four key policy areas: TB patients rights, TB services financing, TB drugs access and TB quality of care. Studies were completed on the workforce and pharmacy initiatives which

informed the development of workplace and pharmacy models; both new initiatives of the project. DOTS model development got a boost with the approval and implementation of the Situational Analysis study and the Public-Private Mix DOTS Programs Observational Study Tour for DOTS implementers. Trainings were conducted using new training designs, Master TB Educators from three schools were awarded grants and a study on certification clarified roles of the DOH and the private sector. Communications research procurement was initiated during the period and the projects' performance monitoring plan was submitted to USAID for approval.

At the end of the first year of TIPS, new and old ideas in TB control that had stood the test of project scrutiny and expert consideration were well on the way to achieving useful results, particularly in the areas of training, certification, and workplace model development. Work continued to move forward in models development, pharmacy initiative and communications and advocacy. The single-practice model and baseline practitioner study would apparently be completed just in time for major DOTS models replication.

The project continues to be on track for its stated goals for the first year of the project.

I. Introduction

This report presents the consolidated first year and fourth quarter accomplishments of the Philippine TIPS project.

Project Description

The scope of work of the TIPS project was designed to support USAID's overall goal of reducing the prevalence of tuberculosis in the Philippines. Specifically, the project aims to increase the successful diagnosis and treatment of TB patients by achieving a success rate of at least 85 percent using DOTS through commercial private sector services in selected sites. Its focus is to build foundations, develop institutions and establish strategic and sustainable measures towards a long term solution to reducing TB prevalence, involving the private sector as an active participant. The project aims to underscore the improvement and standardization of TB control and management using the DOTS strategy, which is the centerpiece of the National TB Program.

The project has six tasks and seven major deliverables. Each deliverable specified corresponds to a complementary task, except for one overarching deliverable that requires contributions from all tasks.

<u>Project Tasks</u>	<u>Major Deliverables</u>
<ul style="list-style-type: none"> Inputs from all tasks <i>Task 1: Enabling Environment.</i> Policies, guidelines, and regulations revised and expanded to support appropriate, complementary DOTS implementation by public and private providers. <i>Task 2: Operations Research.</i> Best strategies identified to improve and expand DOTS implementation in the private sector. <i>Task 3: Develop/Create DOTS Models.</i> Private sector models developed, implemented, and assessed. 	<ul style="list-style-type: none"> <i>Deliverable A:</i> Baseline TB success rate data and a scale of measurement indicators of achievement of contract objectives. <i>Deliverable B:</i> TB success rate data and a scale of measurement indicators of achievement of contract objectives. <i>Deliverable C:</i> Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector. <i>Deliverable D:</i> Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

<ul style="list-style-type: none"> ▪ <i>Task 4: Replication of DOTS Models.</i> Best approaches/models are implemented and adapted in at least 25 strategic, urban cities/municipalities nationwide with a potential for replication beyond those 25 sites. ▪ <i>Task 5: Training, Certification, Communication.</i> Sustainability of all TB programs strengthened through improved teaching and training in medical schools and improved health-treatment behavior of the private providers. ▪ <i>Task 6: Financing.</i> National health care financing schemes that strengthen private sector delivery of TB control and cure service developed and implemented. 	<ul style="list-style-type: none"> ▪ <i>Deliverable E:</i> Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide. ▪ <i>Deliverable F:</i> Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers. ▪ <i>Deliverable G:</i> Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.
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General Approach, Strategy and Targets of the First Year Work Plan

The following four pillars of the technical approach of the project underpin the strategies adopted in the annual work plans:

- ✚ Enhance and/or create demand driven solutions – use business incentives and market signals to motivate private providers to use DOTS in recommending policies, guidelines and regulations, and in developing private sector DOTS models; use competitive grant process in model replication
- ✚ Leverage open society and media – build awareness on the magnitude of the TB problem; prepare an integrated communication strategy for the project to strengthen advocacy for treatment behavior change of private providers, particularly to encourage the use of DOTS, mobilize support for project interventions, disseminate project outputs, and highlight successes and lessons learned
- ✚ Build on existing infrastructure and talent to foster sustainability – collaborate with local institutions working on TB control and build on existing infrastructure and initiatives consistent with the objectives of the project; in particular develop further and enhance existing pilot DOTS models and replicate in strategic sites nationwide; partner with PhilCAT and assist in the capacity building of the organization to enable and empower it further to sustain the efforts of the project beyond its life

- ✦ Maximize the mix of public-private problem solving bodies – adopt a consultative and participatory approach in policy formulation; involve public and private local bodies in identifying solutions to TB control issues and to commit to measures within their control and means e.g., covenants with employers to promote TB patient rights or with professional societies to promote the use of and/or improve the quality of DOTS service.

The first year work plan was prepared at start up and then reviewed and updated in the sixth month of project implementation. In the first six months of the project, the team conducted a situation analyses and validation of assumptions used in the proposal and work plan. Results from that analysis became the basis of the updates, which were mostly tactical rather than strategic changes.

The first year targets concentrated on the following:

- ✦ Establishment of baseline data on DOTS practice of private physicians and project indicators
- ✦ Issuance of a call for action on the TB problem through a burden of disease study that quantified the economic losses resulting from TB prevalence
- ✦ Establishment of partnerships and collaborative agreements with various groups to support the objectives of the project and leverage its resources through complementation of efforts.
- ✦ Operations research agenda and tools to primarily support model development task
- ✦ Groundwork for DOTS model enhancement and design of new models
- ✦ Instruments for short and long term capacity building of DOTS service providers
- ✦ Communication support to project tasks
- ✦ Performance monitoring plan for the project.

II. First Year and Fourth Quarter Accomplishments

Deliverable A: Baseline Data Collection and Performance Monitoring Plan

Objectives: Establish KAP on TB treatment of private providers and scale of measurement indicators of achievement of contract objectives.

First Year Targets:

- Conduct baseline survey on private physicians KAP on TB treatment in the 25 replication sites of the project
- Finalize and obtain USAID approval of the project's Performance Monitoring Plan (PMP)

Major Accomplishments:

Year 1

- Conducted procurement of sub-contractor for the baseline survey
- Drafted the Performance Monitoring Plan

4th Quarter

- Completed sampling design and RFP for the procurement of the baseline survey
- Revised and prepared final PMP for USAID approval

Baseline Survey of Private Physicians' KAP: In consultation with USAID, the project decided to pre-identify the 25 replication sites and conduct the baseline study in those areas. As designed, the study terms of reference includes a survey on KAP of private physicians for a sample size of about 2,500 physicians. Further situation analysis will be conducted for a subset of the sample size to get more in depth information on quality of TB patient-provider interactions, clinical history taking, record keeping practices and reporting practices if any. It will also include patient exit interviews. Essentially, the study should provide the information necessary for the project to design appropriate interventions that will motivate TB-treating private physicians to enroll their patients in a DOTS program or, at a minimum, refer those patients to a certified DOTS center. The procurement process for the subcontractor was started in the fourth quarter and is expected to be completed by end of October 2003. The study is scheduled to start in November 2003 and conclude in April 2004.

Performance Monitoring Plan: The PMP has been submitted to USAID for approval. As designed, the PMP is linked to the Mission's integrated results framework to show how the project supports the achievement of the Mission's strategic objectives. Box 1 shows the summary of indicators and targets over the life of the project.

Box 1: Summary of Project Performance Monitoring Plan

Indicator/Definition	Baseline Value	Value for Year 1	Target Value End of Project
1. TB treatment success rate of 85%	0	0	85%
2. Number of certified DOTS engaged medical doctors	0	50	600
3. Number of certified private DOTS programs/ clinics/ DOTS centers	0	5	31
4. Practice of private physicians on DOTS in 25 sites	0	0	50%
5. Number of organizations with covenants to provide quality DOTS services and TB patient rights expanded	0	6	13
6. Access of private sector to TB health services financing and affordable and quality TB drugs	0	Agreement on access to GDF drugs by private sector	Coordination of improved benefits piloted (PhilHealth package and PDF

Deliverable B: TB success rate data and a scale of measurement indicators of achievement of contract objectives.

Task 1: Enabling Environment

Objective: Generate awareness of the TB problem through dissemination of information on socio-economic impact of the disease; prepare policy reform agenda and mobilize stakeholder support for the project's policy initiatives

Targets:

- Conduct Burden of Disease Study.
- Conduct policy assessment and recommend policy interventions to enable private sector participation in TB control.
- Organize a multi-stakeholder group of policy advocates.

Major Accomplishments:

Year One

- Completed and disseminated the Burden of Disease Study in various fora.
- Completed the Policy Analysis of Private Sector Participation in TB Control Study.
- Conducted several TB policy stakeholders consultative group meetings.
- Completed policy agenda and action plan, with interventions focused on the establishment of a Private Sector Drug Facility, a mechanism to reduce the cost of TB drugs, the promotion of TB patient rights, and the quality assurance of DOTS services.
- Signed covenants/Memoranda of Agreement with seven (7) medical

professional societies re commitment to promotion of DOTS among its members.

4th Quarter

- Conducted two policy consultations to generate support for policy agenda; the latter resulted in a validation of issues and finalization of policy agenda and action plan.
- Started discussions with PCCI and AHMOPI on possible collaborative work
- Compiled a data base of TB stakeholders.

The *Burden of Disease Study* (BOD) validated the severity of TB as a public health problem and highlighted its staggering socio-economic impact. Among several figures cited, the study estimated the cost of premature deaths at Php 27 billion each year, which is equivalent to about 3% of real GDP in 2001. By translating in appreciable terms the magnitude of the problem, it became a powerful instrument to call for action against the disease. The study received wide local and international media attention and generated inquiries and discussions among various stakeholders. It was first presented in a symposium held in January 2003 and then again in a technical discussion. Its findings were widely cited in newspaper articles and even generated an editorial cartoon, depicting the scourge of TB and the need to act against the disease. Presently, the study is used to preface advocacy building with stakeholders.

In line with the approach to build on existing initiatives, the TIPS project provided logistical support to the finalization and formal adoption of the Comprehensive and Unified Policy Framework for TB Control (CUP). The CUP was intended as a common set of guidelines for both government and the private sector to follow, although its scope was skewed more to government agencies guidelines on TB treatment. Related to the private sector, the CUP resulted in the formulation of guidelines for treatment following the National TB Program, the finalization of PhilHealth's TB out-patient benefit package and the alignment of SSS, GSIS and ECC benefits guidelines to that of the NTP. Executive Order 187 was later issued to give CUP a legal mandate. The CUP is recognized as a significant development and a step in the right direction for TB care which should now be expanded to include private sector participation and improve its enforcement mechanism.

Following the conduct of the BOD study, the project undertook the *Policy Analysis of Private Sector Participation in TB Control Study*. The preparation of its terms of reference took into account the CUP and deliberately focused its scope on private sector participation. The primary objective of the study was to evaluate the implications of existing TB policies, programs, and instruments on private physicians' provision of DOTS services. To meet this objective, the study team prepared an inventory and review of relevant policies and then identified policy and research gaps and areas of interventions. The study recommendations later informed the preparation of the policy agenda and action plan, which now consists of the following areas:

- ✚ Creation of a mechanism to improve access to and reduce the cost of TB drugs.
- ✚ Promotion of TB patient rights to address issues of employment discrimination against TB patients and lack of proper information for patients at work places.
- ✚ Promotion of the use of DOTS for TB treatment and the improvement in quality of service among providers including physicians and medical technologists who perform sputum microscopy, the gold standard for TB diagnosis.

The agenda will serve as the project's guide in preparing appropriate policy instruments and mechanisms to enable and promote DOTS services. The pursuance of the agenda by way of more in depth studies on the interventions will be the focus of the second year work plan for Task 1.

One strategy included in the TIPS proposal under Task 1 was the creation of a high level policy commission, to be organized at the onset of the project which would serve as the locus of the project's policy reform and formulation effort. The Commission was envisioned to have representation from government, private businesses, labor groups, service providers and patient groups or public health advocates. During the planning and consultation stage for the creation of the commission, feedback from concerned institutions indicated stakeholder groups, while agreeing in principle to provide support, were not keen in being part of a formal structure. Given these findings, the TIPS team altered its approach and focused on organizing symposia and consultative meetings among a broader base of stakeholders. The stakeholder consultative approach, which allows for more direct interaction with these groups, will create a critical mass of support while maintaining the possibility of engaging sub-groups or clusters in discussion on more focused issues as necessary.

Under the aegis of TB stakeholders' network building, the project developed a tangible network of stakeholders in its first year of implementation. Major TB stakeholders were added to the list of partners that PhilCAT had established over the past decade. Organized around policy clusters, the stakeholders represent policy issues that were deemed critical in stimulating private sector participation in TB control. As lead stakeholder, PhilCAT has adopted the policy cluster areas as its own policy concerns and has designated some of its key officials to represent the coalition in these cluster groups.

TB stakeholder network building started with the symposium and technical discussions on the *Burden of Disease Study*. This was followed by three consultative sessions during the course of the policy review and policy agenda formulation. The most recent stakeholder meeting was conducted on September 19, 2003, focusing on the role of the private sector in TB control (highlights from this meeting are provided in Box 2, below). The participants were grouped in policy clusters and were requested to suggest their ideas on how to enrich the project's policy agenda and what they could themselves contribute. The findings of the policy study and options for interventions were presented.

Box 2: Highlights of the Policy Cluster Consultations on the Philippine TIPS Policy Agenda

Each policy cluster came up with their agenda/ plan of action, including:

- TB drugs cluster- Philippine TIPS plan to conduct a study on the feasibility and design of a local drug facility was well received. Members of the group explored some opportunities brought about by the GDF, despite its being initially perceived as a threat by both the manufacturers and, to a lesser extent, by the retailers. Representatives of both the manufacturers and retailers suggested that the study should look into a relaxation of BFAD requirements, including but not limited to reformulation and sourcing requirements, which tend to pose obstacles to drug companies that wish to engage in economic opportunities brought about by the GDF.
- TB financing- Philippine TIPS could collect actuarial tables from HMOs to determine a definitive actuarial table for use in assessing the cost of TB financing for the private sector.
- TB Patients' Rights- The project could standardize TB education campaign, encourage groups involved to pool resources, utilize celebrities in media campaigns, de-stigmatize RHU and Local Health Centers and conduct local policy and advocacy initiatives.
- Quality of Care- Philippine TIPS could focus on the need for an uninterrupted drug supply, technical competence of private health care providers and the adherence of these health providers to DOTS requirements.

The TIPS project has also made significant headway in the area of quality of care. With the facilitation of PhilCAT, the so-called *Manila Declaration* was signed during the coalition's annual convention held last August 19, 2003. The *Manila Declaration* consists of a tripartite Memoranda of Agreement between six professional societies, PhilCAT and Philippine TIPS to collaborate in improving the practice of DOTS among the societies' members. The societies which signed up include the Philippine Society for Microbiology and Infectious Diseases (PSMID), Philippine Academy of Family Physicians (PAFP), Philippine College of Chest Physicians (PCCP), Philippine College of Occupational Medicine (PCOM), Philippine Pediatric Society (PPS) and Philippine College of Physicians (PCP). The MOAs include a statement of commitment among the professional societies to promote among their members quality practice of DOTS. Philippine TIPS and PhilCAT will provide technical assistance to the societies, providing training modules and conducting training-of trainer workshops among the core group of trainers designated by the societies on basic DOTS, certification and quality assurance. TIPS will also share with the societies any relevant outputs of the project, including communications materials and policy papers.

Overall, Task 1 of the project was able in the first year to issue a call for action using the BOD study, complete the policy review and assessment, identify the policy agenda and action plan, organize stakeholder consultation groups, begin mobilization of support and collaboration for TB control.

The second year work plan focuses on the preparation of policy instrument and mechanism and the consolidation of stakeholder support for proposed measures.

Deliverable C: Best strategies identified through OR to improve and expand TB DOTS implementation in the private sector.

Task 2: Operations Research¹

Objective: To inform private sector DOTS model development with reliable, evidence-based information, to identify and provide solutions to key management and operational problems and to enhance program effectiveness.

Targets:

- Develop durable OR agenda that will support DOTS model development.
- Establish OR implementation mechanisms in the form of Basic Ordering Agreements, a procurement/ contracting mechanism established with selected local institutions.
- Organize OR Working Group that serves as a consultative body in the prioritization of OR topics.
- Conduct OR studies required for model development.
- Approve PBSP work plan for DOTS in the workforce.

Major Accomplishments:

Year One

- Organized OR Working Group.
- Identified and prioritized an OR agenda.
- Developed the BOA procurement process.
- Prepared a situation analysis tool that will be used in, among others, the assessment of existing DOTS models in Task 3.
- Implemented the workforce study intended to inform the design of DOTS in the informal workforce.
- Completed the design of a formal workplace model and currently implementing pilot models in urban manufacturing and rural sugar industry setting.
- Approved PBSP work plan for DOTS in the workforce model, which will be based in a formal workplace but will cover adjunct service providers from unscreened workforce and immediate community; currently preparing the informal workforce models
- Conducted rapid field appraisal of a pharmacy initiative in DOTS service delivery and based thereon prepared the design of and expanded the advance implementation plan.

4th Quarter

¹ The discussion of activities under Task2 and Task 3 follows the rationalization and restructuring done for the Year 2 work plan. Task 2 now covers OR and new DOTS model development and Task 3 focuses on the enhancement of existing DOTS models.

- Prepared RFP, awarded and monitored the conduct of the workforce study; presented TB in the Workforce paper to the PhilCAT-PCCP Joint Convention.
- Launched DOTS formal workplace programs in American Standard and Central Azucarera de Don Pedro; conducted stakeholders consultation on TB in the informal sector; during Corporate Social Responsibility Week, conducted roundtable discussion on TB in the workplace as part of the advocacy for companies' participation in TB control, and conducted training of TB-DOTS. educators from various companies.
- Completed the Pharmacy Initiative Rapid Appraisal and the Pharmacy-based DOTS Implementation Plan, which also included the model design.
- Drafted scopes of work for the pharmacy program implementation team, IEC development and training, and single practice model development.

The OR Working Group was organized and convened in January 2003. The membership is composed of the TIPS technical team, USAID CTO, WHO TB coordinator, JICA TB coordinator, and the DOH National TB Program coordinator. The project, in consultation with this group, finalized the OR agenda. The priority agenda for the first year initially consisted of topics related to structuring private sector DOTS models and topics on improving quality of DOTS service delivery. As the work plan evolved however, it became apparent that OR needs to concentrate on model development, to support this critical aspect of the work plan.

The OR initiatives and studies conducted in year one included:

- 🚩 Preparation of a situation analysis tool that will be used to primarily assess the existing DOTS models and which will be the basis for recommending enhancements to the models. The same tool will be used after the implementation of those enhancements to determine the effectiveness and the viability of replicating the models. The tool will also be used to get more detailed information on the treatment practice of private providers, as part of the provider baseline study on private physicians' KAP. The respondents will be a smaller subset of the KAP survey sample group.
- 🚩 Workforce TB situation assessment was conducted prior to model design and selection of pilot sites.
- 🚩 Rapid appraisal of TB in the Philippine workforce to determine where in the workforce TB is prevalent, and the treatment seeking behavior of Philippine workers. The rapid appraisal supported the development of the DOTS in the work place model and was prompted by prevailing attitudes that very few TB patients are employed in formal workplace settings. Earlier findings showed that incidence of TB infection is highest in age groups within the labor force range, but workers in formal work places are screened for TB, as well as other diseases, and are rejected if found to be infected with TB or in some cases even to have a history of the disease. The results of the rapid appraisal supported the theory that TB cases

must be in the informal/unscreened work force, but due to lack of secondary data the study could not identify in which labor sub-sector the TB cases exist.

- ✚ The preparation of the informal workforce model, which includes links to the formal workplace is on-going.
- ✚ Three variants of a formal work place model were developed and are being implemented at the following pilot sites: Central Azucarera Don Pedro Incorporated (CADPI), American Standard Incorporated (ASI) and Toyota Motor Philippines Corporation (TMPC). The models are (i) CADPI's Workplace++, which is a stand-alone model that includes comprehensive coverage such as sputum microscopy and on-site treatment for employees and dependents, applicants and the nearby community; (ii) American Standard's Workplace-Public Referral model, wherein the company links up with a public DOTS Center and (iii) Toyota's Workplace-HMO Referral model where workers are referred to their HMO provider and the dependents are referred to an RHU. Guided by the systems framework, the models ensure management commitment to TB control through policies consistent with the DOTS strategy. Sputum microscopy is the primary diagnostic tool for TB and drug supply is ensured through full or partial subsidy from the company, drug financing and other possible linkages. DOT is to be done at the company health facility, the referral-public health center, and/or at home. All models commit to recording and reporting not only to the national TB registry, but also to PBSP and TIPS for program management evaluation. TB education is an integral part of each program. As an enabling structure for the model implementation, DOTS in the Workplace Technical Working Groups from each company were organized as champions and key implementers of DOTS.
- ✚ Workplace DOTS implementers have been trained to improve the medical implementation of DOTS models and to increase awareness of TB in formal work places. Trainings conducted include:
 - *Sputum Microscopy Training* involving one medical technologist from CADPI and one from the PBSP DOTS Project team.
 - *Program Management Training for DOTS in the Workplace* designed to match the needs of workplaces in implementing a TB-DOTS program. Topics involved technical training, operations planning, and a study visit to two best practice DOTS Centers in Cebu City for eighteen workplace DOTS implementers.
 - *TB-DOTS Educators' Training* designed to complement the Program Management Training and aimed to capacitate companies in TB advocacy and education. Eighteen TB-DOTS educators were trained.
 - *Top Management Orientation Sessions* attended by department directors, managers and supervisors.
 - *Signing of Letters of Commitment* articulating the companies' commitment to implement and sustain the DOTS in the Workplace program.

- *Policy Formulation Workshops* involving each company's DOTS Technical Working Group. Managers from different departments and top management were involved in reviewing the policies.
 - *Development and dissemination of DOTS advocacy/IEC materials.* IEC materials developed were targeted to top management and employees.
- ✚ Pharmacy-based DOTS program was explored and developed to address the nearly 45% of TB patients who opt to self medicate, seeking advice regarding medicine from pharmacists. Research was conducted in three phases to design this model: (i) a desk review of documentation on similar experiences was undertaken by home office staff; (ii) a rapid field appraisal explored practices of Philippine pharmacies in dispensing TB drugs and explored willingness of pharmacies to participate in a DOTS program; (iii) the pharmacy initiative was designed and an implementation plan was developed. The rapid field appraisal (RFA) was conducted in 12 pharmacies/drugstores in Quezon City, Dagupan, Iloilo, Cebu, Davao, Cagayan de Oro and General Santos, later named the seven priority sites for TIPS' pharmacy-based DOTS program implementation. A focus group discussion was conducted with pharmacy owners, pharmacists and assistants, and a mystery client approach was used to determine TB-drug dispensing practices. The design, as informed by the RFA, identified the pharmacies' potential roles as IEC material disseminator, counselor on the proper TB treatment, referrer to a DOTS Center, and direct participant in the DOTS service (e.g., serving as treatment partners).
- ✚ Development of two models engaging single practice private physicians was initiated through a desk review on international experiences. Mirroring the approach of the pharmacy program development, a rapid field appraisal and design is scheduled to be undertaken in the first quarter of the second year. Among the concepts that will be explored are the use of social franchising and an NGO-based coordination mechanism for a network of participating physicians. The design will be followed by rapid implementation of the two models developed.

In addition to the above, the BOA process and guidelines were prepared. Procurement of BOA holders was conducted which resulted in five short listed firms. The BOA process was used to procure services to complete the workforce study. Procurement of services for other studies and programs has been opened to numerous non-BOA firms, which has led to benefits from broader competition.

Overall in the first year or project implementation Task 2, through the OR Working Group, established a consultative mechanism for identifying OR studies, strengthening the partnership building approach. The consultative approach has benefited all parties through sharing of knowledge and research outputs. The primary tool for determining enhancements of existing models and some of the priority studies for new model development were completed, enabling pilot implementation of DOTS programs to

proceed. The situation analysis tool developed by the project can also be adapted as a standardized tool for DOTS service assessments and will be useful for the public sector, public-private mix and similar set-ups implemented outside of the TIPS project. The new workplace/workforce, pharmacy and single-practice models are path-breaking concepts. Finally, the pioneering studies completed by TIPS will be useful references for charting lessons learned in the effort to arrive at best practices for private sector DOTS programs.

Targets for year two of project implementation year include:

- Implementation of the pharmacy program in seven sites and preparation of replication guidelines.
- Completion of the study on single practice network for DOTS service, advance implementation and preparation of replication guidelines.
- Conduct of OR studies on quality improvement of DOTS services. Specific topics and scopes will be identified following completion of model assessments.

Deliverable D: Private sector TB DOTS service models implemented in specific areas to demonstrate potential for replication.

Task 3: DOTS Model Development

Objective: To finalize the framework and approach for the development of DOTS models.

Targets:

- Conduct the situation analysis of the following DOTS models: hospital-based (Manila Doctors Hospital); multi-specialty clinic-based (FriendlyCare-Cubao); coalition-based (De la Salle/Cavite); HMO-based (PhilamCare); and corporate social responsibility initiative (Unilab).

Major Accomplishments:

Year One

- Completed Memoranda of Understanding with implementers of above-mentioned DOTS models.
- Awarded situation analysis subcontract and commenced the assignment in mid-September.

4th Quarter

- Finalized and signed MOUs with DOTS implementers.
- Awarded subcontract for situation analysis.
- Prepared scope of work and made arrangements for a three-country study tour participated by DOTS implementers.

Development and implementation of DOTS models are crucial to the projects goals of achieving 85% success rate for TB treatment. The successful development and implementation of DOTS models requires inputs from all other tasks.

TIPS will enhance four existing DOTS models under pilot implementation, including:

- Hospital-based (Manila Doctors Hospital)
- Multi-specialty clinic-based (FriendlyCare)
- Local coalition-based (De la Salle/ Cavite)
- HMO-based (PhilamCare)

Each of these models will go through the following steps:

1. Conduct an assessment of current operations and set up using the situation analysis (SA) tool. The SA tool contains: (i) an inventory of clinic facilities, equipment and services provided; (ii) interview guidelines for DOT service providers; (iii) observation guidelines for interaction between patients and TB providers; (iv) exit interview guidelines for TB DOTS patients; and (v) FGD guidelines for treatment partners.
2. Analyze findings from the SA and prepare recommendations for enhancement of DOTS service, including policy/ management enablers, financial sustainability measures, and improvement of operations. The proposed enhancements will be discussed and approved by a steering committee composed of the implementers' policy/management and technical representatives, TIPS technical coordinator and health program advisor who is overseeing the SA. The study team will provide technical secretariat support to this committee. Upon approval of recommendations, the study team will prepare an implementation plan in consultation with the implementers' technical team.
3. Implement the enhancements, led by the implementers' technical team and assisted by the study team and the TIPS team.
4. Conduct a post-assessment of the enhancements, led by independent consultants. The recommendations of these consultants will be taken into consideration in the model's replication guidelines.
5. Prepare replication guidelines.

For the corporate social responsibility (CSR) model based in Unilab, the study team will conduct a situation analysis and document the development and implementation of the service. The documentation will be provided to interested companies, which have similar CSR programs.

TIPS will further develop and implement three new models including:

- Work place model (both formal work place and informal workforce)
- Pharmacy initiative
- Single-practice network models (two will be developed and social franchising schemes and a NGO-linked DOTS services will be explored in the development)

As described in task 2, for new models, the approach is to initially conduct a desk review, followed by a rapid appraisal to gauge the potential of the concept and to inform the design, then to prepare the design and to pilot implementation plan. In the case of the pharmacy and single-practice models, the approach for testing the model will be expanded advance implementation scheme, using several sites instead of just one pilot site.

For existing models, the major accomplishment in year one of project implementation has been the signing of MOUs with DOTS implementers, formalizing the collaboration and mutual commitment to develop models for future replication. Major accomplishments achieved in new model development are discussed above, under Task 2.

The project also finalized the program for study tour involving the existing DOTS implementers. The study tour included three countries, India, Kenya and Netherlands, and was designed to look into the experiences of these countries of public-private mix DOTS programs and to cull best practices that could be adapted in the DOTS models being developed. The study tour will take place October 12 to 27, 2003.

In the second year of project implementation, the team restructured the scope of the tasks, so that new model development was reflected under Task 2, since the activities focused on research and Task 3 now covers the enhancement of existing DOTS models. The major target for the second year is the completion of the situation analysis, enhancement and preparation of replication guidelines for existing models.

Deliverable E: Best TB DOTS approaches/service models implemented in at least 25 strategic cities/large municipalities nationwide.

Task 4: DOTS Model Replication

No activities related to DOTS model replication were programmed in year one of project implementation. As designed, replication will take place in the second and third years of the TIPS project. However, TIPS did pre-identify 22 replication sites (cities and municipalities) during the fourth quarter of the first year, to provide direction for the baseline survey on KAP of private providers, as well as targeting of clientele for training and project promotion activities. The selection of the 22 sites was based on criteria as agreed with USAID which covers the following: prevalence of TB, population and presence of a DOTS champion.

Box 3 : TIPS DOTS Model Replication Sites

Luzon

1. Manila
2. Bacoar
3. Quezon City
4. Batangas
5. Lucena
6. Cabanatuan
7. Angeles
8. Naga
9. Puerto Princesa
10. Tuguegarao
11. Dagupan

Visayas

12. Iloilo
13. Bacolod
14. Roxas
15. Cebu
16. Dumaguete
17. Tacloban

Mindanao

18. Cagayan de Oro
19. Ozamis
20. Davao
21. Cotabato City
22. Zamboanga City

Deliverable F: Teaching and training of TB DOTS conducted in medical professional schools and behavior change campaigns implemented to improve the health-treatment behavior of private providers.

Task 5 A: Training

Objective: To promote DOTS in pre- and in-service training of private physicians and other providers.

Targets:

- Prepare basic DOTS syllabus for adoption in medical curricula.
- Prepare training materials on basic DOTS and training-of-trainer instructional modules.
- Organize training-of-trainer programs with PhilCAT and professional societies.
- Award the Master TB Educator Grant to at least three (3) medical schools.

Major Accomplishments:

Year One

- Completed DOTS syllabus and obtained approval of the Association of Philippine Medical Colleges.
- Completed training materials on basic DOTS and TOT modules.
- MOA entered into between TIPS, PhilCAT and 6 medical professional societies including a TOT component and an undertaking on the societies' part to extend the training to their respective membership.

- Launched and awarded MTBEA grants to three medical schools: UP, UST and De la Salle.

4th Quarter

- Basic DOTS modules were pre-tested in a workshop attended by 45 infectious disease specialists and pulmonologists in Iloilo.
- Conducted 5 training activities in Manila on basic DOTS, DOTS trainers training, DOTS certification, and set up and management of DOTS programs and certified DOTS center training on quality assurance attended by at least 500 physicians.
- Competed and awarded 3 MTBEA grants.

Significant headway was made in the area of training in year one of the TIPS project. The adoption of the DOTS syllabus by the APMC represents a major breakthrough in TB education which will institutionalize the DOTS strategy in pre-service training as the state-of-the-art for the next generation of physicians. Its instructional strategy, which includes a practicum component, with schools either linking up with DOTS centers or in the case of teaching hospitals setting up DOTS centers themselves, would enable the students to deepen their understanding of and commitment to the DOTS protocol. The DOTS syllabus as well as other TB references has been compiled in a CD that was distributed to medical schools, professional societies and other interested groups.

Again, the process of the syllabus development and adoption put into practice the collaborative and participative strategy of the project. The study team built on the materials developed earlier by PhilCAT, and presented the draft syllabus to a TB Expert Panel for validation. The project then engaged the APMC, which represents more than 90 percent of medical schools nationwide, and conducted a workshop among the deans and faculty coordinator to present, to seek comments on and finalize the syllabus, reaching consensus on its adoption into the medical curricula.

The project plans to hold another workshop with APMC members in November to get an update on the implementation of the syllabus in schools. To encourage the adoption of the syllabus, the project will work for the inclusion of DOTS and TB-related questions in the medical boards.

One of the innovative measures the project implemented to encourage TB education is the inclusion of a Master TB Educator Award (MTBEA). The MTBEA is a grant awarded to medical schools in recognition of their TB education program which can be used to fund salaries, equipment and education materials for chosen institutions. Selection is done through a competitive process judged by a local and international panel. This year three awards were given to UP, UST and De la Salle. The project originally planned for five awards, but because of the enthusiastic response and quality of proposals, an increase of eight to ten awards has been proposed in the second year work plan.

TIPS also prepared basic DOTS modules and training-of-trainer instructional materials for in-service training. It also prepared a training-of-trainer program involving a core

group of trainers from PhilCAT and professional societies who have in turn committed to train their members. Last August, the project, together with PhilCAT and PCCP, conducted a training workshop on Basic DOTS, DOTS Training-of-Trainers, DOTS Certification, DOTS set-up and program management and Certified DOTS training on quality assurance. More than 500 physicians attended the workshop making it, in the words of Dr. Lee Reichmann, a noted international TB expert and advocate, 'the biggest gathering of private physicians getting training on DOTS.'

The project will continue in-service training, both through direct provision and through the TOT program with professional societies. Direct provision will be focused on basic DOTS to potential DOTS program replicators in the project's 22 sites nationwide.

Task 5 B: Certification

Objective: Institute a certification system for DOTS service to ensure adequate and quality service provision.

Targets:

- Establish a DOTS certification system.
- Prepare a certification management and operation plan (CMOP) to guide the set up of the certification service.

Major Accomplishments:

Year One

- Completed the preparation of the certification system that includes minimum requirements and criteria, and process.
- Obtained PhilCAT and PhilHealth approval of certification system.
- Prepared the CMOP, including recommendations on the institutional structure of organizing the service nationwide, the type of organizations that should provide the service and financial analysis of the service.

4th Quarter

- The CMOP was prepared during the fourth quarter. However, due to a pending consultation with DOH, specifically on the recommended role of the Sentrong Sigla for the public DOTS centers, the report has yet to be finalized.

The certification system is a requirement of PhilHealth to enable it to accredit DOTS providers, making them eligible for the TB out-patient benefit package. PhilHealth will provide Php 4,000/case to certified DOTS centers upon completion of treatment. The certification system is another significant gain as it contributed to the operationalization of the PhilHealth package. The system was tested and 10 DOTS centers have been certified, namely: FriendlyCare-Cubao Clinic, UST, Unilab, Makati Medical Center, De La Salle Cavite, Pasig, Las Pinas, Oroquieta, Iloilo and Pasig. Almost all of these centers have been accredited by PhilHealth.

Presently, only PhilCAT is deputized as a certification agent by PhilHealth, a mandate that took effect through a MOA between the two agencies. However, the intent is to eventually identify other groups to provide this service. To complement the certification system, the project prepared a certification management and operation plan that would guide the set-up of the service. Below are highlights of the recommendations of the team:

- ✚ It is not viable, nor necessary to establish an independent certification agency.
- ✚ A two-stage approach is recommended: (i) PhilCAT should continue to survey the first small group of DOTS Centers using the key recommendations in this report to strengthen the process; (ii) contract existing independent private certification groups to survey the rest of the targeted total number of private DOTS centers with the DOH Sentrong Sigla managing certification of the public DOTS centers.
- ✚ PhilCAT should not be a direct provider of the service but should remain accountable for and maintain ownership of the certification standards. This would require PhilCAT to continually review and update these standards.

Early in the second year, the project plans to assess the certification system and to review its application in the ten certified sites, with the end view of refining it further.

Task 5 C: Communication

Objective: Promote DOTS methodology to private providers, provide public relations and networking support to all project tasks and establish mechanisms to support communication needs of the project.

Targets:

- Prepare integrated communication strategy (ICS).
- Support communication needs of project tasks.

Major Accomplishments:

Year One

- Provided communication support to project tasks/activities including the BOD study, the NTPA study and project training workshops.
- Prepared RFP for procurement of communications firm to prepare the integrated communication strategy.

4th Quarter

- Initiated procurement of the communication research for preparation of the ICS.
- Provided PR support to the project's training workshops, PhilCAT-PCCP convention, and policy consultations.
- Updated TIPS institutional brochure and packaged TB-DOTS data CDs.

In the first year the activities of the communications task focused on providing communication support to the project tasks, establishing media relations, coordinating with other organizations doing related work, and preparing promotional and reference materials on project activities and outputs.

Specifically, major accomplishments include:

- ✚ Maintenance of a steady stream of articles on TB following news and media coverage of the project's major events, starting with the launch of the Burden of Disease study. Following the BOD symposium, the project generated considerable media attention, including international interest from Agence France Press. Two major editorials, including an editorial cartoon, were published in a leading broadsheet (Philippine Star) and a leading Filipino-language tabloid (Pilipino Star). Segments in news programs of major TV networks (ABS-CBN and ABC 5) were presented, as were news articles in most of the leading broadsheets, citations in articles of widely-read columnists, and inclusion in several news websites. Since then, other newspaper articles have been written, as well as radio and TV guestings, which allowed information dissemination on TB as a public health problem and the promotion of DOTS.
- ✚ Preparation of a TIPS project brochure, which describes the project in a nutshell. It also included a brief introduction on the TB situation in the country and an explanation of why it is imperative to involve the private providers in TB control.
- ✚ Preparation and packaging of TB-DOTS reference materials, namely:
 - "eShelf" (Release 1 and Release 1.1) – an omnibus virtual library of project papers, references and resources materials; Release 1.1 is an update containing new material.
 - "DOTS Training Series" – contains the training modules of five DOTS trainings developed by the project: Basic DOTS Workshop, Trainers' Training, Certified DOTS Center Training, Prospective DOTS Center Training, and Certifiers' Group Training.
 - "TB in the Workplace" – prepared for the TB in the Workplace roundtable discussion during Corporate Social Responsibility Week.
 - "Tuberculosis | Directly Observed Treatment, Short-course: Teaching and Learning Resources for Philippine Medical Schools" – prepared for a joint Philippine TIPS, PhilCAT, and Association of Philippine Medical Colleges (APMC) workshop on a TB-DOTS syllabus.
- ✚ Preparation of project-branded training and workshop kits.
- ✚ Preparation of RFP and initiation the procurement of the communications research firm which is a pre-requisite to the preparation of the project's integrated communication strategy.

For year two of project implementation, the focus of the communications activities will include the finalization of the integrated communication strategy, concerted support for the DOTS model replication program, and continued PR and communication support for other project tasks.

Deliverable G: Appropriate guidelines and regulations are developed to promote necessary reimbursement programs among private health groups.

Task 6: Financing

Objective: To develop a financing mechanism that gives incentives to those who provide direct DOTS services and to those who invest in developing and improving the quality of DOTS services.

Targets:

- Prepare DOTS financing framework.
- Develop arrangement for PhilHealth and HMO complementation of outpatient TB benefit package.
- Undertake financial analysis of DOTS models.

Major Accomplishments:

Year One

- Conducted a review of TB services financing under the policy assessment undertaken in Task 1.
- Provided inputs to the situation analysis tool regarding finance-related questions.
- Prepared MOA with PhilHealth for TIPS to provide technical assistance to improve TB benefit package.

4th Quarter

- Finalized MOA with PhilHealth.

As part of the National TB Policy Assessment, *Policy Analysis on Private Sector Participation in TB DOTS*, a TB health account was designed and used as an instrument to examine the financing burden of TB in the country. Following the design of the National Health Accounts within the National Statistical Coordination Board, the matrix shows different sources and uses of the financial resources for TB control in the country. The study indicated that households constitute the single biggest sources of funds for tuberculosis, contradicting the expectation that TB is a government financing burden.

The TB benefit package of PhilHealth, providing Php 4,000 per TB patient in an accredited DOTS program offers vast opportunities for development of responsive financing programs for DOTS. A memorandum of agreement between TIPS and PhilHealth has been finalized tasking the project with provision of technical assistance to PhilHealth to help it set up the mechanism for TB DOTS program certification, claims processing and monitoring. TIPS-sponsored technical assistance will also explore with PhilHealth different ways to maximize the TB benefit package by setting up a TB reserve fund based on two year actuarial projections. Such technical assistance will also explore liquidity instruments that can be developed for the reserve fund.

In year two of project implementation, the targets include preparation of a DOTS financing framework, implementation of the TA to PhilHealth (including integration of HMO benefit package) and financial analysis of DOTS programs. This analysis is intended to determine the critical factors for sustainability of DOTS programs, to identify areas of financial vulnerability and to recommend courses of action to address those. The recommended financial management enhancement will include finance management policy, DOTS program financing structure, and overall financial management strategy, to ensure financial viability of DOTS programs as a business concern.

Project Management

Objective: To set up the physical base, operation and management systems of the project, and to maintain over the project's administrative and management support to technical tasks and to support the institutional building of PhilCAT.

Targets:

- Establish physical base, operation and management systems, including procurement system for consultants, subcontractors and grantees.
- Conduct work planning and team building sessions.
- Establish project monitoring system.
- Support institution building of PhilCAT.

Major Accomplishments:

Year One

- Set up and equipped project office and put in place operation and management systems.
- Rationalized the project's organizational structure to make supervision more efficient.
- Prepared a grants manual that sets the guidelines for award, performance and financial monitoring.
- Conducted start up work planning for year one, a semestral review and updating of the year one work plan and year two work planning exercise.
- Established project monitoring system, including putting in place a regular schedule of technical and management team meetings.
- Supported the strategic planning exercise of PhilCAT and started the preparation of the organizational development and sustainability plan for PhilCAT.

4th Quarter

- Conducted review of past year's accomplishments and constraints encountered vis-à-vis the preparation of the year two work plan.
- Started the organizational development and sustainability plan assistance to PhilCAT, which carries over the strategic plan to a practicable capacity building plan.

Project management and administrative support systems are critical to a project's success and were thus accorded as much thought as were the technical aspects of the project. The

management and administrative systems are designed to facilitate and make more efficient the performance of the technical tasks.

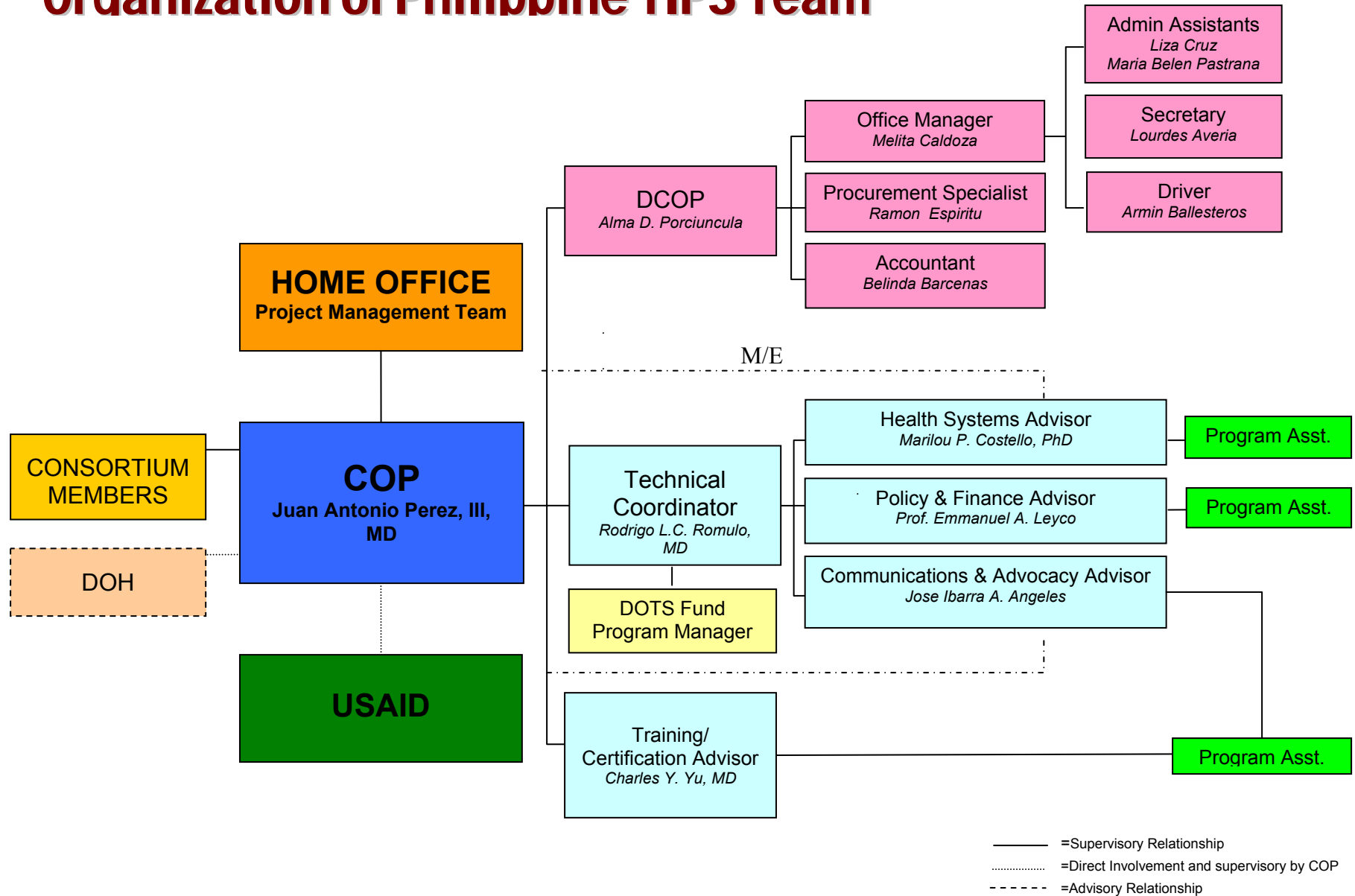
The first year included the physical set up of the office and the establishment of the policy and operations manual for the project. Three work planning exercises were conducted in year one: the year one work plan, the semestral review and update, and the second year work plan. The organizational structure was reviewed and revised to reflect the working arrangement of the team (please see Exhibit 1 for the updated organizational chart). A project monitoring and tracking of intermediate deliverables has also been put in place.

A grants manual that will be used for both the MTBEA and the DOTS Fund replication grants has been developed and approved by USAID. This manual was successfully used by the project to procure and award the three MTBEA grants.

The project also supported the strategic planning exercise of PhilCAT, which included an external and internal analysis prior to a facilitated workshop involving the general assembly. The end result of this exercise was a strategic framework for the coalition's institutional development which identified the vision, mission, core strategies and key result areas of the organization. This was followed through by an organizational development and sustainability plan preparation which will outline the action plan of PhilCAT's capacity building to strengthen it further and to sustain the initiatives of TIPS beyond the project's life.

In year two, project management and administrative systems will continually be assessed and updated ensuring that they are responsive and assisting with the efficient performance of the project technical tasks. The grants manual will be complemented by the preparation of DOTS Fund Program guidelines. PhilCAT's OD and Sustainability Plan will be finalized and followed by specific technical assistance for capacity building that would directly support the long term goals of the project.

Organization of Philippine TIPS Team



III. Outstanding issues and measures taken or options to address the issues

USAID has repeatedly indicated that the project needs to broaden the reach of its capacity building within and outside of PhilCAT. While PhilCAT remains the main sustainability element of the project, we have and will continue to address this concern by ensuring broader participation in the development activities of the project. PhilCAT is fully supportive of this approach and has initiated partnerships between TIPS and other organizations involved in TB control.

Related to ensuring a broader reach of clientele, the project adopted a training-of-trainers approach for basic DOTS training which will benefit a core training group and training groups organized in specific societies. It has also prepared a certification system, which will be presented in trainings of certifiers, and potential certifiers from professional societies. The certification management and operations plan that the project will develop will likewise be made available to PhilCAT and other potential certifying groups.

The PhilHealth TB outpatient benefit package, though approved, still has not been operationalized. PhilHealth expects that once in operation, a number of adjustments may have to be made. It also anticipates the need to improve its quality assurance system. In this regard, the project, in consultation with PhilHealth has prepared a MOA that calls for provision of technical assistance by the project to PhilHealth.

IV. Status toward achieving sustainability of efforts

The TIPS project continues to broaden its base of partners in the private sector as a key element to achieving sustainability of private sector participation in TB control. The project has worked with DOTS model implementers and PhilCAT as well as non-traditional partners who are clustered around the four areas of TB control needing project support: TB patient rights, TB control services financing, TB drugs access and TB services quality of care.

The next two years of project implementation will be focused on provision of assistance necessary to make private participation in those four areas come to fruition. Towards the end of the project these areas will be well-developed and ready to hand over to an organization like PhilCAT, which would continue the dialogue with the four areas of concern for the private sector.

PhilCAT, as a coalition that continues to grow and sustain its members will eventually embody all the strengths that the TIPS consortium now represents, bolstered by the addition of non-traditional allies in TB control. The two remaining years of the project

will to weld these new alliances and initiate joint efforts to sustain TB services in the private sector.

V. Planned Performance Objective for the Next Year/Next Quarter

In year 2, the "core business" of the project is the development and replication of TB-DOTS models as supported by all project tasks. Importance is also assigned to continuing the long term activities that the project has started, mainly in building or enhancing institutions that enable, promote and sustain the practice of DOTS in the private sector.

Year Two and first quarter targets follow:

Year 2	Year 2 1 st Quarter
<ul style="list-style-type: none"> • <i>Establishing baseline data on success rate.</i> To cover the 25 replication sites of the project, the study is designed to inform the project on appropriate interventions for improving the KAP of private providers on DOTS service delivery. 	<ul style="list-style-type: none"> ▪ Conduct baseline study on private physicians' KAP: <ul style="list-style-type: none"> ○ Finalize the sampling framework and survey tool ○ Organize survey team and work plan.
<ul style="list-style-type: none"> • <i>Task 1, establishing an enabling environment.</i> Task 1 will focus on policy instruments and policy advocacy to establish a financing facility to increase access to affordable TB drugs, promote TB patient rights and improve the quality of DOTS services by doctors and medical technologists. 	<ul style="list-style-type: none"> ▪ Start the feasibility study of the Private Drug Facility. ▪ Prepare the implementation plan of the MOAs with professional societies on DOTS quality assurance and monitor the implementation of undertakings. ▪ Pursue policy advocacy with stakeholders.
<ul style="list-style-type: none"> • <i>Task 2, operations research.</i> Task 2 will focus on developing and doing advance implementation to test the viability of new DOTS models, specifically a pharmacy-based model, two single-practice models (one of these will use a "social franchise" approach), and an informal workforce model. 	<ul style="list-style-type: none"> ▪ Install project management team for pharmacy initiative, develop IEC materials, and develop training modules and conduct TOT. ▪ Prepare the detailed work plan for the informal workforce model.
<ul style="list-style-type: none"> • <i>Task 3, model development.</i> The project expects in Year Two to enhance, pilot and document different DOTS models based on the following settings: hospital, multi-specialty practice, health management organization (HMO), local coalition, 	<ul style="list-style-type: none"> ▪ Complete the situation analysis of the existing DOTS models, recommendations for enhancements and documentation of the Unilab DOTS service. ▪ Start implementation of the enhancement program for the four DOTS models.

formal workplace, informal workforce, pharmacy, and single-practice network.	
<ul style="list-style-type: none"> • <i>Task 4, replication of DOTS models in 25 sites.</i> The project will complete the awarding of grants to DOTS model replicators by the third quarter of Year Two. 	<ul style="list-style-type: none"> ▪ Prepare the DOTS Fund program guidelines. ▪ Install the program management and monitoring team for the replication program.
<ul style="list-style-type: none"> • <i>Task 5A and 5B, training and certification.</i> In Year Two, the focus will be on training replicators, reviewing how medical schools have implemented the TB-DOTS syllabus, expanding the MTBEA from 5 to a total of 15 schools, evaluating and enhancing the certification system, and helping PhilCAT transfer its certification technology either to regional groups, professional organizations or to the local "Sentrong Sigla"² of the Department of Health. 	<ul style="list-style-type: none"> ▪ Conduct an assessment of the implementation of the DOTS syllabus. ▪ Conduct an assessment of the DOTS certification system and its application in the 10 certified DOTS centers. ▪ Prepare TOT modules and program for regional DOTS certifiers. ▪ Monitor the implementation of the program of the MTBEA awardees.
<ul style="list-style-type: none"> • <i>Task 5C, communications.</i> For Year Two, the project will continue its strategy of using the news media heavily to deliver core messages meant to support favorable public opinion and policies for private sector participation in TB control. Year Two targets include the completion of an integrated communications strategy, which will map directions for interventions in support of (a) project communications and (b) support to models development and other project tasks. The first focuses on building, celebrating and maintaining interest in project activities and outputs among partners and stakeholders. The second focuses on supporting models development through activities that positively influence treatment behavior. 	<ul style="list-style-type: none"> ▪ Complete the communication research. ▪ Continue to provide communication support to project tasks.
<ul style="list-style-type: none"> • <i>Task 6, TB services financing.</i> The TB policy assessment study conducted under Task 1 incorporated a TB Health 	<ul style="list-style-type: none"> • Assist the SA study team in the conduct of the financial analysis of DOTS models.

² Literally, "Centers of Vitality." The Sentrong Sigla program is a joint effort of the Department of Health and the Local Government Units. It is a quality assurance program that aims to increase the availability of quality health services in government health centers and hospitals and to make these services accessible to every Filipino. Its main component is a health facility certification and recognition program that develops and promotes standards for health facilities. The Sentrong Sigla logo (8-point yellow star inside a blue circle) is a seal of excellence.

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<p>Account Matrix and cost analysis of DOTS services. The analysis indicated that households carry over 50 percent of the estimated total cost of TB treatment. To address this issue, the project will focus on preparing a DOTS financing framework, improving the Philippine Health Insurance Corporation (PhilHealth) TB benefit package, integrating HMO benefits to that of PhilHealth's and providing assistance to the financial management of DOTS programs to make them viable operations.</p>	
<ul style="list-style-type: none"> • <i>Project Management.</i> This includes institutional strengthening of its major partner, the Philippine Coalition Against Tuberculosis (PhilCAT), a process started in Year One. The follow-through in Year Two is helping PhilCAT prepare an organizational development and sustainability strategy and technical assistance for priority areas of improvement. 	<ul style="list-style-type: none"> • Complete the PhilCAT OD and Sustainability Plan.

ANNEXES

Annex A: List/ brief description of all project reports over the past year

MEASURING THE BURDEN OF DISEASE OF TB IN THE PHILIPPINES

In 2000, the World Health Organization (WHO) estimated that there were 249,655 new cases of tuberculosis (TB) in the Philippines, and of these, it is projected that 65,150 will die. The objective of this report is to produce a country-level estimate of the burden of disease of TB using DALYs (Disability Adjusted Life Years) and to provide economic estimates of the costs of TB in the Philippines.

It is estimated that the burden of TB in the Philippines is 514,300 total DALYs in 1997. In other words, over half a million years of healthy life is lost due to illness and premature mortality from TB in the Philippines annually. Moreover, the economic impact matches the oppressive human toil. TB robs an average worker of PhP 216/day for women and PhP 451/day for men (daily wage rates are computed based on 1998 GNP and prices). On a national scale, the annual economic loss is staggering; the loss in wages alone due to deaths and morbidity is PhP 7.9 billion while foregone income due to premature deaths amount to PhP 27 billion.

STRATEGIC PLANNING FOR PhilCAT

Since its establishment on June 24, 1994, the Philippine Coalition Against Tuberculosis or PhilCAT, enjoining the government and the private sector, has been at the forefront of tuberculosis control and prevention initiatives.

The objective of this assignment is to work with the PhilCAT leadership in the preparation of an organizational development and sustainability plan. The plans will assist PhilCAT in its implementation of financial and management strategies to ensure the seamless growth of the organization.

To provide a framework for formulating the Vision, Mission, Objectives, and Strategies of PhilCAT, a hierarchy of goals was constructed. The top goal reflects its Vision, that is, to achieve a TB Free Philippines. The next level goals correspond to its mission and objectives, respectively. The objectives were translated into Key Result Areas (KRAs), which are qualitative manifestations of objectives, and into Performance Indicators (PIs), which are the quantitative equivalents of the KRAs.

Strategies include the following: 1) Adopt DOTS as a national policy; 2) Increase the number of DOTS accredited centers; 3) Increase public awareness on TB; 3) Strengthen PhilCAT service delivery; 4) Get necessary logistics for implementing DOTS; and 4) Mobilize funding and human resources.

TB DOTS CERTIFICATION

Certification is a process that assures safe and effective DOTS services to TB patients by imposing a uniform set of standards and criteria governing the resources of a TB DOTS Center. PhilCAT serves as the certifying body for DOTS centers and service providers. This certification will be a pre-requisite to the accreditation of DOTS centers by PhilHealth and to the eligibility of private physicians to get reimbursed for the TB services they provide.

The objective of this assignment is to establish a certification and quality assurance system for PhilCAT. A quality assurance system has been designed and installed in the PhilCAT administrative processes for certification. This system includes utilization reviews, performance monitoring, design of related training, and linking of certification to reimbursement and licensing. In addition, training and certification evaluation tools and training plan for accreditation groups have been developed.

DOTS SYLLABUS – TB CONTROL CORE CURRICULUM FOR MEDICAL SCHOOLS: “THE TB MASTER PLAN”

TB is not just a clinical disease but a social problem as well. Hence, medical schools need a paradigm shift in building medical expertise and in developing the social consciousness of future physicians.

In order to attain such endeavor, there is a need to institutionalize and standardize the treatment guidelines for TB using DOTS. As such, this includes the development, implementation and evaluation of a basic DOTS syllabus that will be incorporated in pre-service and in-service training. The assignment was completed in four parts:

Needs Assessment Survey on the Integration of TB Control

This is a descriptive survey of how medical schools in the Philippines are teaching TB, TB control, and DOTS in their respective curricula. It made use of both primary and secondary data that were analyzed qualitatively.

The Philippine medical schools are confident on the readiness and competence of their graduates to manage all forms of TB patients. Findings reveal that the biomedical and clinical aspects of TB are emphasized. However, specific areas in the different subjects or modules, which include TB control and DOTS, are not sufficiently covered.

Master Plan: Curriculum Design for PBL and Subject-Centered Medical Schools

Based on the needs assessment, the Philippine medical schools, despite awareness on DOTS, hardly highlight DOTS as a specific recommended strategy for TB control. To address this, a TB DOTS syllabus was crafted that must be integrated into the curriculum of medical schools.

The core curriculum presents TB, TB control, and DOTS as both a biomedical and social phenomenon. In a nutshell, the core curriculum has the following basic features: 1) Competency-based curriculum; 2) Interactive in teaching-learning strategies and instructional resources; and 3) Vertically and horizontally integrated.

Teaching and Learning Resources

The core curriculum for TB control has been designed to be integrated into all types of medical curricula. To facilitate the implementation of this curriculum and to maintain generally standardized sets of minimum competencies and conditions for teaching and learning, a separate set of teaching-learning resources will be provided for all the target users, namely, the medical teachers and their students.

The set of teaching learning resources is composed of 5 self-study modules:

- Module 1: The TB Epidemic
- Module 2: TB Transmission and Pathogenesis
- Module 3: Clinical Presentation and Diagnosis of TB
- Module 4: Treatment of TB
- Module 5: DOTS

Evaluation Plan

The evaluation plan serves as the last component of the TB Control Core Curriculum for Philippine Medical Schools. It presents the different self-assessment questions and exercises belonging to each module for formative assessment. It also includes the final examinations and their corresponding blueprints for summative assessment purposes. Such instruments have been prepared in this package to facilitate the actual evaluation and adoption of this plan for TB teachers. This evaluation plan is also designed to foster a balanced development for students in terms of acquisition of knowledge, skills and desired attitudes.

SITUATION ANALYSIS FRAMEWORK AND ASSESSMENT TOOLS FOR DOTS MODELS

Five private sector DOTS service delivery models: MDH, Unilab, FriendlyCare, Philamcare, and Cavite, which are currently in operation, will be evaluated and replicated in at least 25 strategic urban cities and large municipalities nationwide. The end result of this project is a set of situational analysis instruments that will be used to assess each of the 5 models developed.

The SA instruments developed include the following: 1) Inventory of TB DOTS Clinic Facilities, Equipment, and Services Provided; 2) Interview Guide for TB DOTS Service

Providers; 3) Observation Guide for Interaction Between TB Patient and Service Provider; 4) Exit Interview for TB DOTS Patients; 5) Focus Group Discussion Guide: Referring Physicians; and 6) Focus Group Discussion Guide: Treatment Partners.

A POLICY ANALYSIS OF PRIVATE SECTOR PARTICIPATION IN TB DOTS (NTPA)

In response to the identified need to secure greater support from the private sector in TB control and management, it was determined that an evaluation of the implications of existing TB policies, programs, and instruments on the decisions of private physicians to provide TB DOTS services is needed.

The evaluation of existing TB policies and programs indicates that most of these policies, at best, have only weakly encouraged the participation of private physicians in TB DOTS. Policies that explicitly promote TB DOTS are largely designed for and implemented in the public sector. Of the various policies and programs, the most promising is the TB Outpatient Benefit Package of the Philippine Health Insurance Corporation (PhilHealth), which offers a financial incentive for the adoption of TB DOTS by the private sector.

This study recommends that appropriate knowledge and training through continuing education and financial incentives can stimulate participation of the private sector to follow TB DOTS. Beyond financial incentives, the government must also map strategies to ensure greater compliance among private doctors with TB DOTS, through information and education campaigns, the enforcement of standards, and assuring patients a continuous supply of TB drugs among others.

TB DOTS PROVIDER CERTIFICATION PROGRAM

A certifying organization is required to assess DOTS centers against standards. The purpose of this consultancy is to review the feasibility of establishing an independent certification organization for TB DOTS center certification and make recommendations for its establishment. An evidence-based, consultative approach was used for this project.

A review of the regulatory environment in the Philippines reveals that there are other organizations actively engaged in certification and accreditation. Hence, in order to preclude redundancy of certification effort, the study does not recommend the establishment of an independent certification organization. Rather, a two-stage approach for the certification of private TB DOTS Centers should be considered with PhilCAT owning the certification standards. The study also outlined recommendations for the following: 1) Certification process; 2) Marketing and communications; 3) Organization and staffing; 3) Data and information requirements; 4) Costs and financing; and 6) Quality assurance.

TB IN THE PHILIPPINE WORKFORCE

Although TB remains a major public health issue in the Philippines, no accurate data exist on the prevalence of TB by economic sector or distinct workgroups. The overarching

objective of this study is to gather and analyze existing data regarding TB in the Philippine workforce. Information on the socio-economic profile and health-seeking behavior of the workforce segments identified will guide decisions on re-designing a workplace DOTS service delivery model.

Findings of this study reveal that TB prevalence was higher among unemployed individuals and those employed in the informal sector. Thus, it is suggested that the most appropriate DOTS model is a public-private mix model in order to effectively provide DOTS to all patients regardless of their initial choice or entry point.

Further, based on the findings of this research, 5 recommendations for improving delivery of DOTS services to the Philippine workforce have been developed: 1) Comprehensive, holistic approach; 2) Broad-based information, education, and communication; 3) Convergence of public and private sectors; 4) Empowering local executives; and 5) Building private sector support.

PHARMACY INITIATIVE RAPID APPRAISAL

The pharmacies provide the initial or even the only point of contact of the self-treating TB patients with the health system. Thus, it is imperative that pharmacies be equipped with the necessary know-how, skills, and competence to promote correct TB treatment, in particular, to support the DOTS strategy.

In order to guide the design of a DOTS Pharmacy-linked model, a rapid field appraisal of 12 selected drugstores in each of the 7 sites nationwide was conducted. A focus group discussion and a mystery shopper activity were also conducted in each of these sites to validate the survey results. The objectives were to assess the current pharmacy situation in the Philippines regarding dispensing practices, knowledge on TB and TB DOTS, and the willingness to participate in DOTS.

Results of the rapid field appraisal show that pharmacists and pharmacy assistants have inadequate understanding about TB and most especially the TB DOTS strategy. Moreover, investigation of 168 drugstores reveals that pharmacies routinely sell anti-TB drugs without prescription. Pharmacies play a crucial role in the promotion and implementation of the DOTS strategy. However, the extent to which pharmacies are willing to participate varied from trainings, counseling, and referrals, to monitoring, recording, and partnering with a DOTS center.

PHARMACY-BASED TB DOTS IMPLEMENTATION PLAN

A strategy must be developed in order to bring pharmacies throughout the country into a coherent program that ensures the acceptance, application, and promotion of DOTS. The objective of this endeavor is to identify options for a pharmacy-linked DOTS model or support system to DOTS service delivery.

Multiple approaches and strategies are examined and proposed to attract pharmacy participation in TB control efforts. These approaches, which will be piloted in the 7 demonstration sites, are 1) Financing of anti-TB drugs; 2) Socially marketed TB drugs; and 3) Adopt a TB patient program.

The various models for pharmacy involvement may be categorized as follows: 1) Model I (Information Dissemination); 2) Model II (Pre-screening, IEC, Counseling, and Referrals); and 3) Model III (Drugstore as an integral part of TB DOTS Center).

ENHANCING DOTS STRATEGY TO CONTROL TB IN THE PHILIPPINES

Given the volume of information to be learned, the skills to be acquired and the new perspectives to be adopted in advocating DOTS, training is especially useful. A rational strategy is to train the trainers who can then work out a multiplier effect and address the large number of physicians, nurses and other health professionals for the basic DOTS workshop.

The objective of this consultancy is to develop the training design and evaluation tools, to prepare training modules and instruments, and to train the PhilCAT Core Training Group.

The training module is designed to give participants an adequate knowledge of DOTS and its implementation. With this module comes other basic training components, including an actual one-day seminar-workshop (from 8:00 am to 5:00 pm) and sets of suggested teaching-learning resources in the form of Microsoft PowerPoint slides saved in a compact disk with samples of suggested cases for exercises. This also introduces benefits that await both the physician and patients once DOTS is successfully practiced.

Annex B: List and brief description of major project events over past year

I. POLICY MEETINGS



TB Symposium Series: Initial Presentation of “Burden of Disease”. February 5, 2003. AIM, Makati

Participants included leaders of physician associations, HMOs, TB patient advocate groups, labor, industry, and PhilCAT. International groups were also present from USAID, JICA, JBIC, WHO, CIDA and Medicos del Mundo. The study generated numerous inquiries, discussions and media attention, highlighting the findings of the study, particularly the enormous economic impact of the disease.

TB Summit- Signing of CUP. March 7, 2003. EDSA Shangri-La Hotel.

TIPS supported the ratification of the "Comprehensive and Unified Policy for Tuberculosis Control in the Philippines" (CUP), which was developed by a group of multi-stakeholder, government, and private sector members. The group, referred to as the TB Summit Committee, was convened through a Department Order of the DOH and organized jointly by PhilCAT and DOH and chaired by Dr. Rod Romulo. The private sector sub-group, chaired by TIPS, sponsored the ratification and signing of the CUP, organized the media coverage, and press releases related to this event, and assisted in drafting the Executive Order affecting the CUP and its guidelines. The Executive Order (EO 187) was recently signed by the President and covered the following:

- adoption of National TB Program guidelines in government agencies;
- adoption of NTP guidelines in private sector TB treatment protocol;
- revision of GSIS, SSS and ECC guidelines on availment of TB benefits to be consistent with NTP guidelines; and,
- formulation of PhilHealth's outpatient TB benefit package.



Policy Round Table Discussion on the Burden of Disease. March 18, 2003, AIM

TIPS conducted a technical roundtable discussion in March to address the epidemiological and socio-economic issues of TB. More than 20 participants, including the JICA Chief Advisor, Dean of the UP College of Public Health, Chair of UP Clinical Epidemiology, Chair of the FEU Community & Family Medicine, Director of La Salle TB Research, Director of UP Institute of Health Policy, and the OIC of DOH's Infectious Disease Program attended the session, which clarified technical issues raised after the release of the BOD study.

National TB Policy Discussion. March 19, 2003, Edsa Shangri-La Hotel

The TB Policy Forum convened on March 19, 2003 as a sequel to the TB Symposium. This forum presented the TB policy assessment framework that will be used to guide the on-going policy assessment project. Over 40 participants from key TB policy stakeholders attended.



TB Symposium: Strengthening the Role of Private Sector in TB Control. August 14, 2003, 9:00am- 11:00am, The Peninsula Manila

The symposium was attended by at least 40 participants from the corporate, government, finance, NGO/PO and media sectors. This symposium highlighted a presentation from Dr. Romulo. Tagged as "The Silent Crisis", Dr. Romulo revisited the problem of TB and the current practice situation. He also delved into the role of the corporate sector in TB Control, particularly exploring options for possible private sector collaboration.

Statement of commitment and challenges from the participant:

- Statement of political commitment from PhilHealth to finance tuberculosis and their challenging the private sector to come up with instruments and mechanisms to contribute
- HMOs to make an aggressive campaign to corporate clients to comply with DOTS requirements
- The Occupational Safety and Health Standards of the Department of Health committed to draft a department order pertaining to this, which will serve as a guideline for companies. The government, employees, employers and non-government organizations were encouraged to participate in the consultations in drafting the department order.
- The labor sector stressed the need to advocate for TB in the workplace.
- The Philippine Chamber of Commerce and Industry (PCCI) was requested by PhilHealth to issue an endorsement or an organizational order to their member- industries to have the industrial clinics be accredited to PhilHealth

Policy Consultation Meeting. September 19, 2003, The Peninsula Manila

At least 50 participants participated in the policy consultation. There were 4 clusters in each small group discussion: Finance, TB drugs, Patients' Rights and Quality of Care.

Each policy cluster came up with their agenda/ plan of action:

TB drugs cluster

The Phil TIPS agenda of conducting a study on the feasibility and design of a local drug facility was welcomed. It, in fact, allowed the members of the group explore together some opportunities brought about by the GDF, despite its being initially perceived as a threat by both the manufacturers and, to a lesser extent, by the retailers. Representatives of both the manufacturers and retailers suggested that the study should look into a relaxation of BFAD requirements, including but not limited to reformulation and sourcing requirements, which tend to pose obstacles to drug companies that wish to engage in economic opportunities brought about by the GDF.

TB financing

PhilTIPS could collect actuarial tables from all the HMOs in order to come up with a definitive actuarial table for use in assessing the cost of TB financing for the sector.

TB Patients' Rights

This cluster aims to standard TB education campaign, pool resources, utilize celebrities in media campaigns, de-stigmatize RHU and Local Health Centers and conduct of local policy and advocacy initiatives

Quality of Care

this cluster focused on the need for an uninterrupted drug supply, technical competence of private health care providers and the adherence of these health providers to DOTS requirements

II. DOTS TRAINING SERIES

Joint Philippine TIPS- APMC- PhilCAT Workshop for Phil. Medical Deans, Integrating TB Control- DOTS in the Curriculum. May 28-29, 2003, Antipolo



The medical deans and the faculty coordinators of Association of Philippine Medical Colleges (APMC) membership unanimously adopted the DOTS syllabus, which includes curricular design, teaching resources and an evaluation plan.

This is to ensure that a sustainable framework for development and enhancement of innovative teaching and learning activities pertaining to TB are incorporated in the medical schools.

Pilot Test of Basic DOTS Course. August 8, 2003. Days Hotel, Iloilo City

In coordination with the Citizens Iloilo Coalition Against Tuberculosis (CICAT), Phil TIPS trained 45 specialists (infectious disease and pulmonary medicine) on Basic DOTS Course.

Basic DOTS Workshop. August 19, 2003, Century Park Hotel Manila.

With an expected 100 pre-registered training participants, the total number of physicians, who attended the course, reached 250 physicians.

Trainers' training. August 19, 2003, Century Park Hotel Manila.

Selected pool of physicians from PCP, PCCP, PSMID, PCOM, PAFP and PTSI were chosen by their professional associations to attend this training. The 100 training graduates will serve as the core trainers that will do Basic DOTS training among their members.

Certifiers' Group Training. August 19, 2003, Century Park Hotel Manila.

At least 130 DOH regional NTP coordinators, PhilHealth regional certifiers and chairpersons/representatives of local PhilCAT coalitions attended this whole-day training session.

Prospective DOTS Center Training. August 19, 2003, Century Park Hotel Manila.

84 private physicians attended the 4-hour session on the certification process and benchmarks on the accreditation and certification of DOTS centers.

Certified DOTS Center Training .August 19, 2003, Century Park Hotel Manila.

Representatives from the 7 certified DOTS centers attended this training, where the participants were given lectures on how to maintain their certification, quality assurance procedures.

III. OTHER ACTIVITIES

PhilCAT Strategic Planning Workshop. February 6-7, 2003, AIM and Days Hotel, Tagaytay City

The Strategic Planning Workshop is one of the commitments of PhilTIPS to strengthen the organizational structure of PhilCAT. Among the highlights of this activity were:

- Validation of the environmental scanning/ internal and external analysis of PhilCAT, which was conducted shortly before the workshop.
- Consensus on the vision, mission, and objectives of the organization, as well as key result areas and performance indicators.
- Development of the strategies, programs, and targets for PhilCAT.

Signing of MOA with Professional Societies. August 19, 2003, Century Park Hotel

The Memorandum of Agreement between PhilTIPS, PhilCAT and the six professional associations, i.e.

Phil. Academy of Family Physicians (PAFP), Phil. College of Chest Physicians (PCCP), Phil. College of Physicians (PCP), Phil. College of Occupational Medicine (PCOM), Phil. Society of Microbiology and Infectious Diseases (PSMID) and Phil. Pediatric Society (PPS) was formally signed during the PhilCAT convention.



The professional societies have agreed to:

- Mobilize its members and resources towards the achievement of common goals and objectives of TB control in the country
- Commit its membership, particularly its local chapters, to actively participate in the establishment of PPM- DOTS coalitions; establish quality DOTS services in the province
- Assume a leadership role in training and certification of DOTS referring physicians among its members as deputized by PhilCAT
- Encourage its membership to participate in continuing quality improvement of DOTS services by
 - referring patients to DOTS centers (PPS, PCOM, PAFP)
 - joining provincial and city diagnostic committees and quality assurance groups (PCCP, PSMID, PCP)
- Partner with pharmaceutical industry supporters and other groups like PhilTIPS in generating funds for dissemination, training and research activities
- Conduct joint conventions, seminars and training workshops for its members
- Incorporate DOTS into its training programs particularly its fellowships/ residency programs and diplomate examinations

Master TB Educator Awards. August 26, 2003 at the Garden Plaza Hotel, Paco Park Manila

In recognition of the high standards in medical teaching and training and its commitment to integrating in its medical college curriculum the Directly Observed Treatment, Short Course (DOTS) syllabus approved by APMC, PhilTIPS awarded the) awarded the Master TB Educator Grant to University of Sto. Tomas Faculty Medicine and Surgery Research and Endowment Foundation, Inc., De La Salle University College of Medicine Hermano (San) Miguel Febres Cordero Medical Education Foundation, Inc and University of the Philippines College of Medicine Foundation for the Control of Infectious Diseases.

Dr. Fernando Sanchez of APMC, Drs. Juan Antonio Perez III and Charles Yu of PhilTIPS, Betsy Bassan and Earl Lawrence of Chemonics International, members of the international screening and technical review committee, witnessed the awarding of the grants to the three medical schools that will each receive twenty thousand dollars to support the enhancement of teaching and learning activities pertaining to TB in the medical schools.

Round Table Discussion on TB in the workplace. July 10, 2003. PICC



In collaboration with Philippine Business for Social Progress (PBSP), PhilTIPS hosted this roundtable discussion during Corporate Social Responsibility Week, which was attended by representatives from business corporations, nongovernment organizations, labor groups, religious associations, schools, peoples' organization, and media agencies.

This round table discussion focused on the different initiatives of the private sector to control TB.